“STUDY ON DELAY IN SURGERY OF SCHEDULED PATIENT IN OPERATION THEATRE”

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INTRODUCTION

- Operation theatre is the department of the hospital where a high cost is incurred. The utilization of the operation theatre will not be achieved if the resources are not used effectively. Effective management is necessary for making the operation theatre efficient enough to meet the high revenue generation for the hospital and improving patient flow and reducing waiting list. Optimal use of the capacity of the operation theatre can be achieved by better work flow of the organization, such as better team of surgeons, anaesthetist etc.

REVIEW OF LITERATURE

- A study conducted by N. Sevdalis, L Hull and D.J. Birnbach on improving patient safety in operation theatre and perioperative care: obstacles, interventions and priorities for accelerating progress on patient safety firmly on the clinical and policy agenda. First review and analysis of some of the reasons for the lack of evident progress in improving patient safety across healthcare specialities and then focusses on what critical part of the healthcare system can contribute to safety and also to error—healthcare teams. Then review team training interventions and tools available for the assessment and improvement of team performance and offer recommendations based on the existing evidence-base that have potential to improve patient safety and outcomes in the coming decade.

- A study conducted by Anna Sciomachen, Elena Tanfani, Angela Testi on stimulation models for optimal schedules of operating theatres. The model reproduces the behaviour of the operating theatre and tunes the parameters .Subsequently, alternative operative scenarios are proposed by comparing the actual time table and schedule with that obtained by using a blocked booking criterion for the weekly scheduling of the surgery rooms. The sequencings of the surgical activities are analysed according to different priority rules. In the analysis the possibility of introducing the so-called “pre” and “post” recovery room is considered with respect to the activity level of the department

RATIONALE

- why there is delay in surgery of scheduled patient
- Actual number of targeted surgery could not be attained.

Thus by examining the proper utilization of operation theatre of the hospital in relation to the turnaround time in operations and analysis of scheduled patient delay in OT shifting from ward will help in systematizing the process and in turn resulting the efficient OT utilization and surgery.

Research question

- Is there any kind of delay in shifting patient from ward to OT, if any, where and what kind of delay?

OBJECTIVE

- To study the process of OT and identify the bottleneck if there is any using the indicator Critical to quality (CTQ) that involves taking following record of each operating room and each operation.

- To recommend the solution for reducing the bottlenecks in the utilization of the operation theatre and improving the efficiency and reducing the delay in surgeries leading to more revenue generation for the hospital.

METHODOLOGY

Study area: Paras HMRI Hospital, Patna.

Period of study: 3 month (From 10th February to 10th May, 2014)

Study type: Descriptive study of all the scheduled patient undergoing surgery

Target population: IPD scheduled patient undergoing surgery.

Sampling method:

- Purposive sampling

Data source

The data collection involves use of only primary data

- By visiting individual operation theatre to observe directly.
- Record from registers already maintained.
- In-depth interview with the surgeons, anaesthetists, head nurses and managerial staff.

Data collection method

- O.T utilization = no. of hours when O.T is being utilized/ no. of operational hours the O.T is under used (6 OT * 12 hours = 72 hours)
- The average total time of survey= average time spent on the actual surgery + average time spent on supportive activities + average time spent in the making operating room ready for surgery.

ANALYSIS OF DATA

S.NO.	Duration	No. of cases
1	February’14 (19-03-2014 to 28-03-2014)	66
2	March’14	198
3	April’14	211

Fig.1.0: Total number of scheduled surgeries to undergo month wise

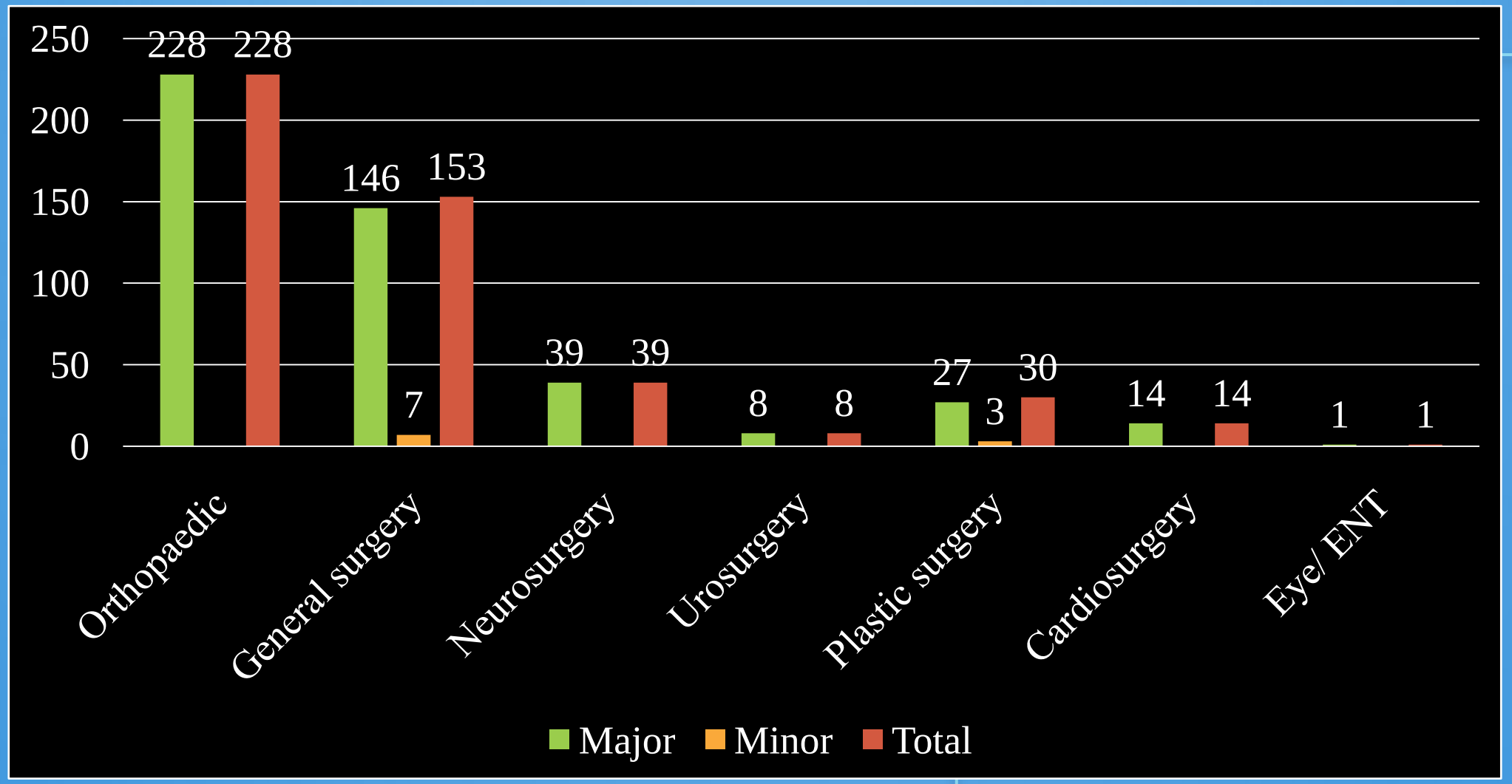


Fig.3.0: Total number of Major & Minor Surgery in each specialised department February- April’14 Surgery census:

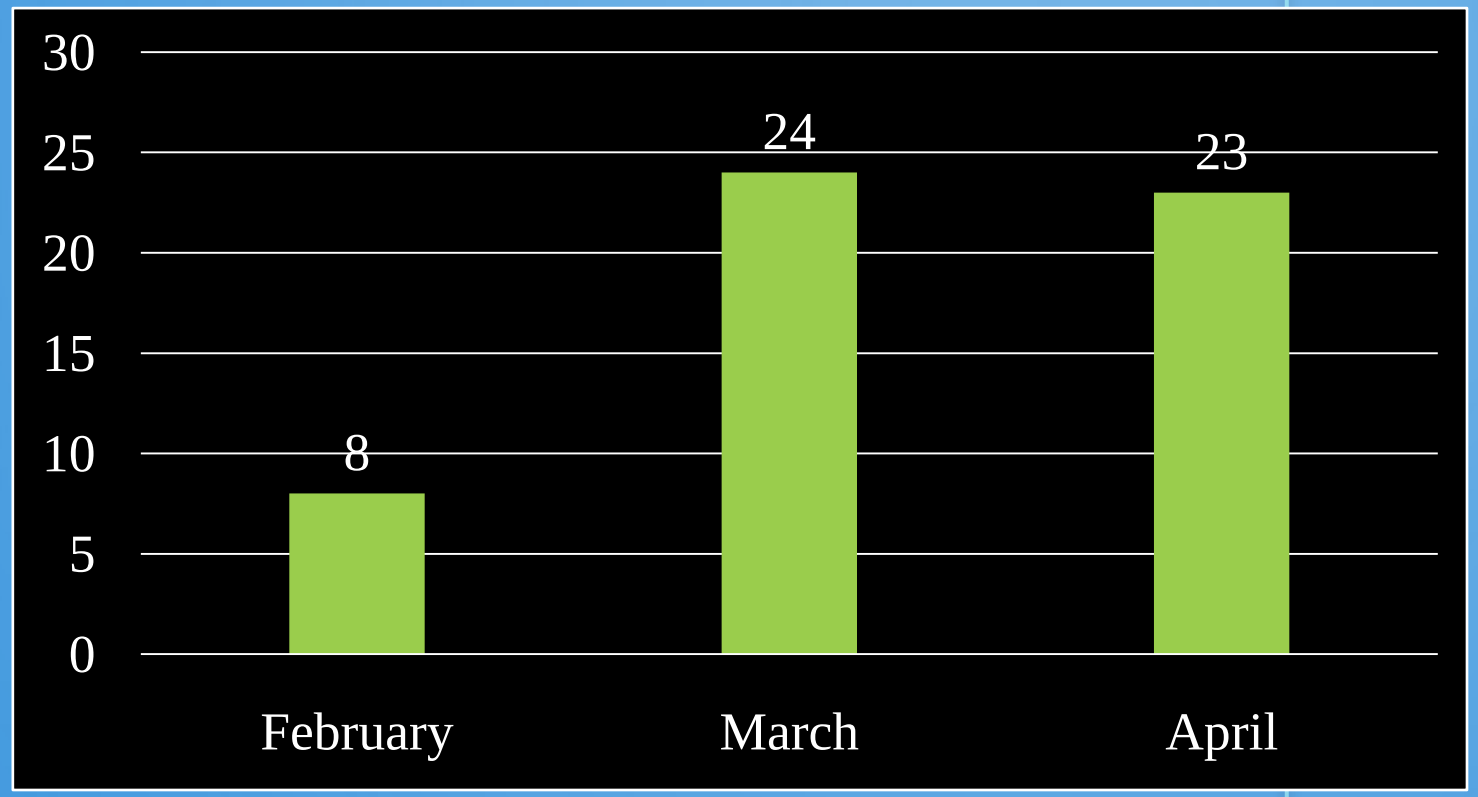


Fig4.0 Month wise delay in surgery due to financial reasons

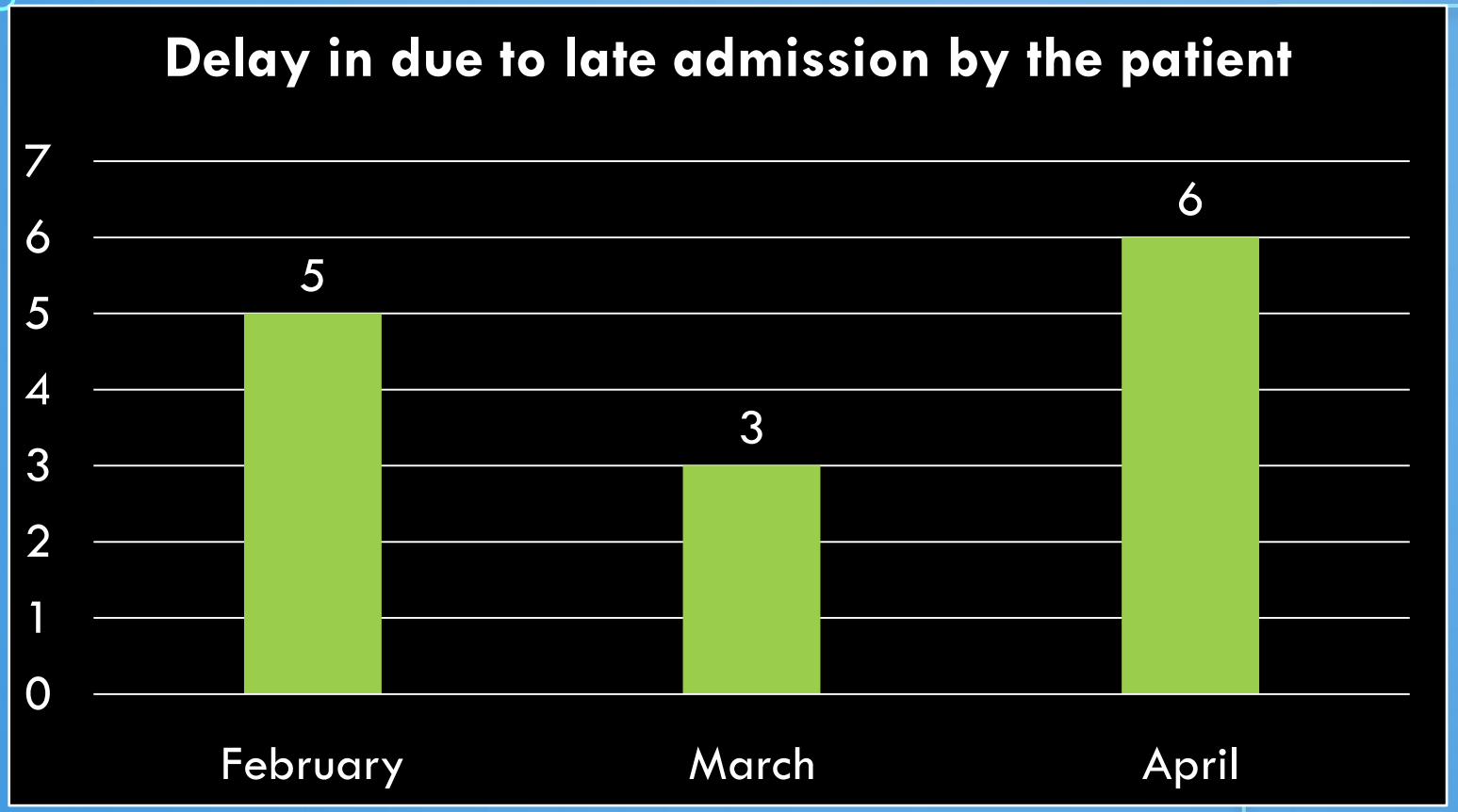


Fig.5.0: Due to late admission by the patient

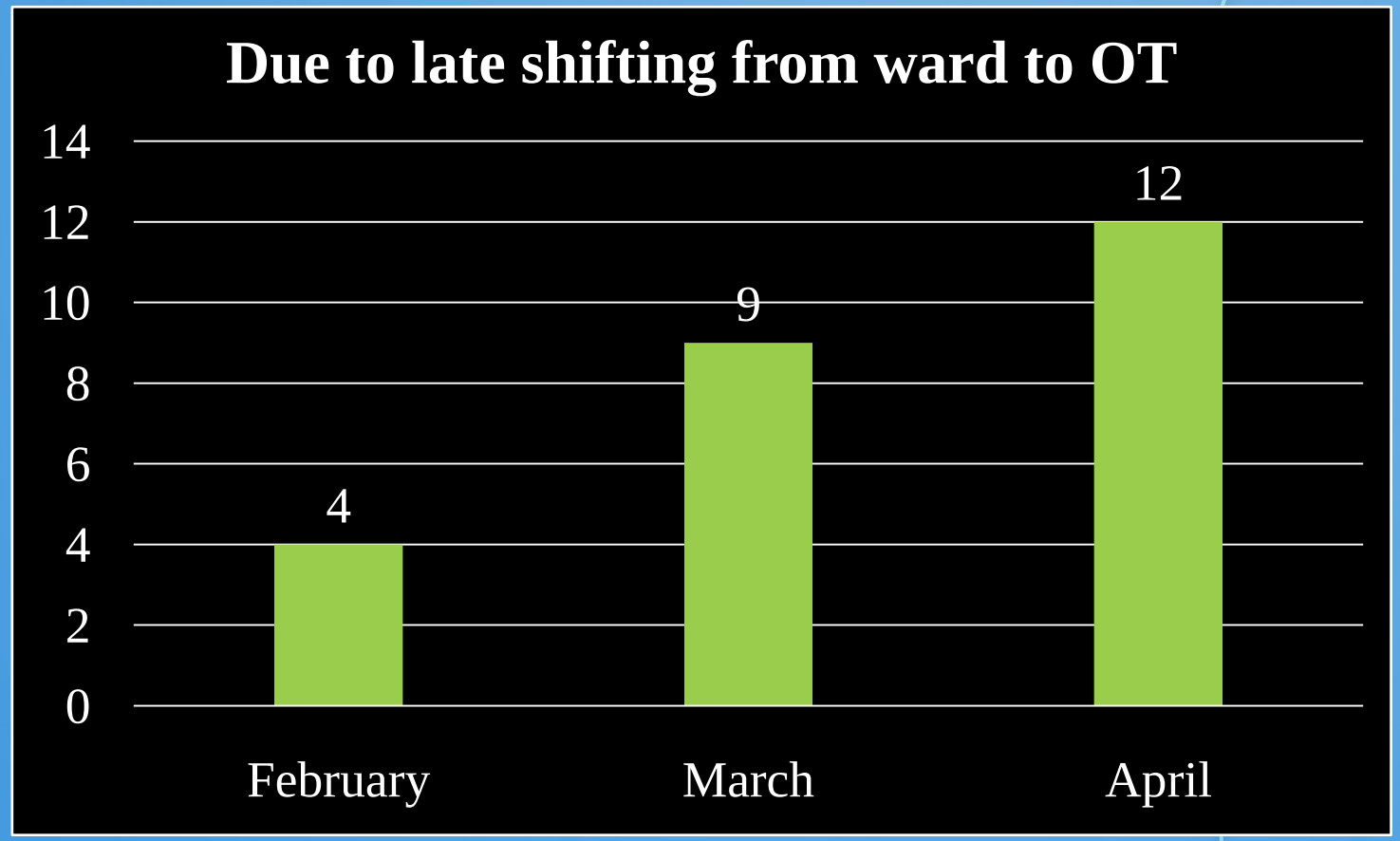


Fig.6.0: Due to late shifting of patient from ward to OT(Includes blood arrangement not there, part preparation not done, nursing staff inefficiency)

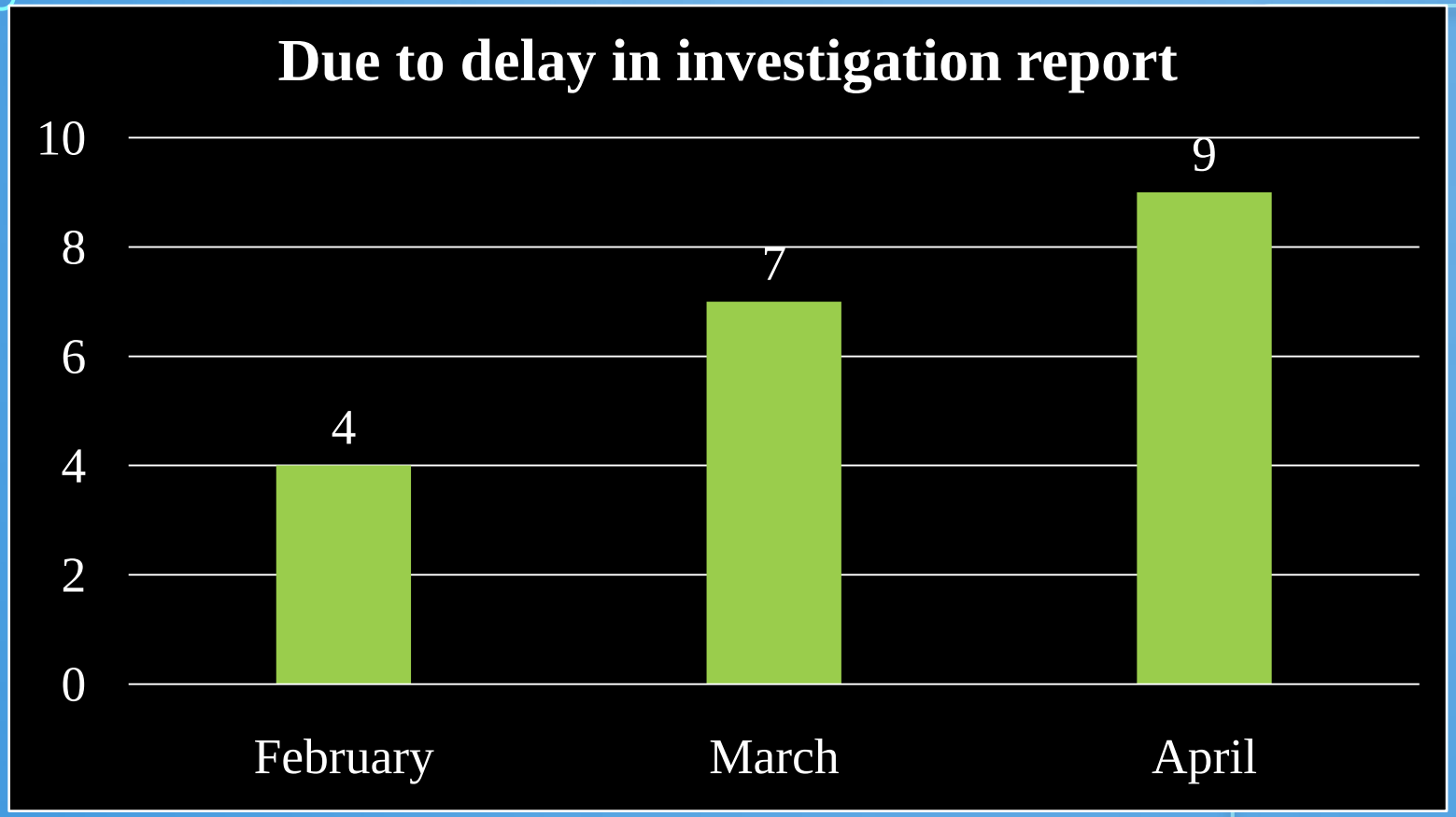


Fig7.0: Due to delayed investigation report (Includes pending report, inadequate PAC, surgery charge slip not filled)

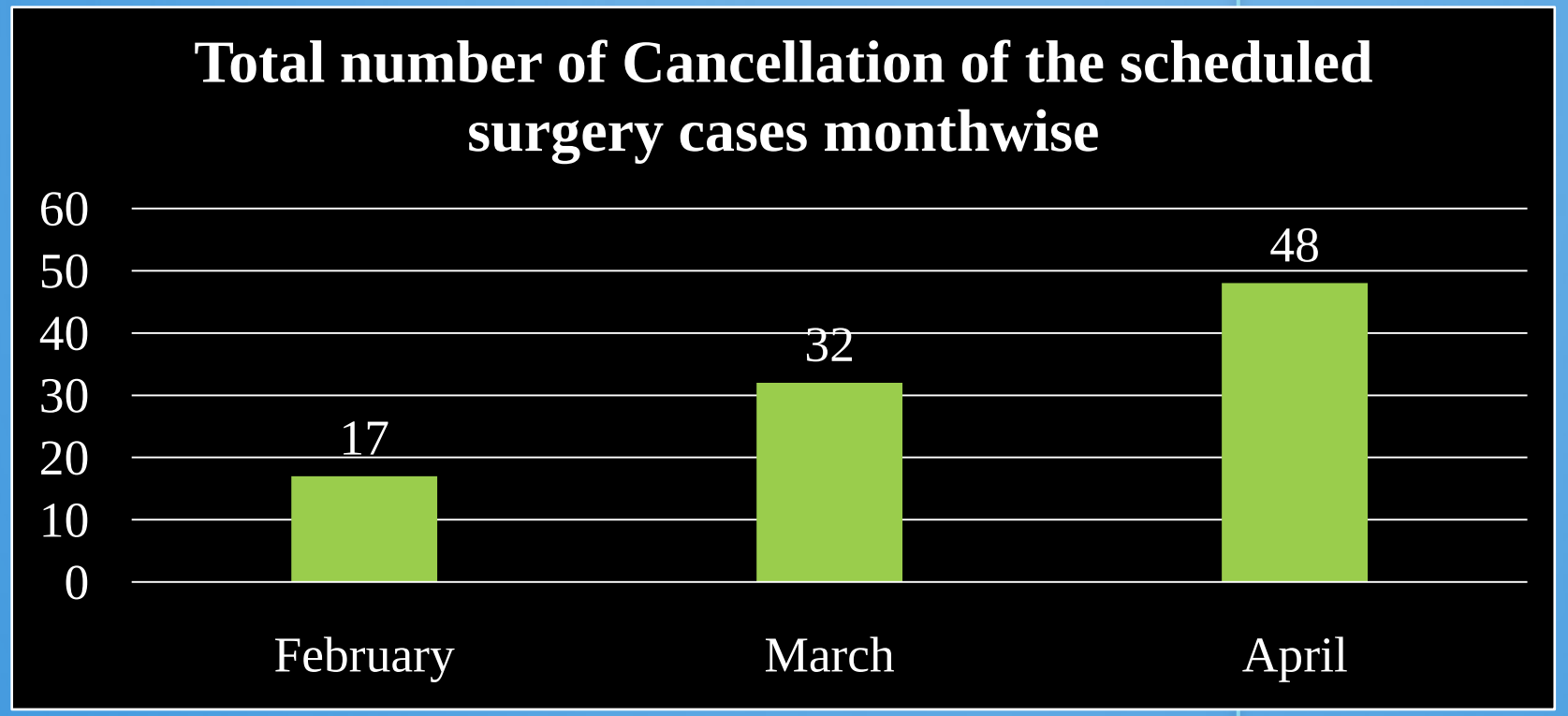
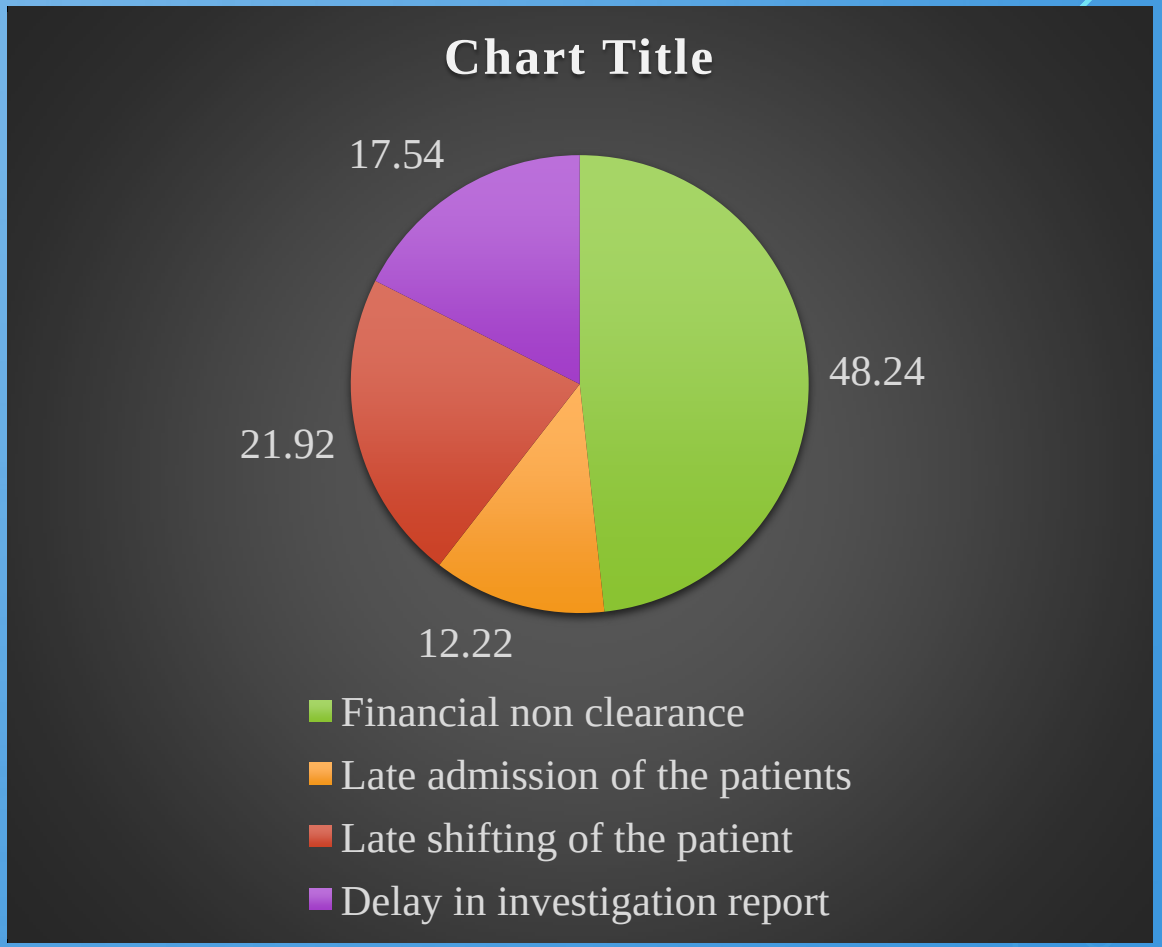


Fig.9.0: Total number of Cancellation of the Scheduled surgery cases (Month wise)

Fig.8.0 showing the reasons for delay in scheduled surgery of patients in %

Reasons for delay	%
Financial non clearance	48.24
Late admission of the patients	12.22
Late shifting of the patient	21.92
Delay in investigation report	17.54



CONCLUSIONS

- Total number of scheduled surgeries undergone during month of Feb’14, March’14 and April’14 is 66, 198 and 211 respectively.
- Most of the scheduled surgeries performed were of orthopaedic followed by general surgery followed by neuro surgery.
- Only 2% of scheduled surgeries performed were minor surgery.
- Most of the delay in scheduled patient undergoing surgery were found due to non-financial clearance.

RECOMMENDATIONS

- Patient shifting delay should be minimised by providing adequate
- Staff (GDA) to improve turnaround time.
- PAC of all the patient should be reconfirmed a day prior to surgery so as to prevent delay in surgery.
- The investigation should be made sure that it is available during the shift of patient from ward to Pre OP to prevent the delay.
- Part preparation of the patient should be done before shifting of patient from ward to pre OP.
- Blood arrangement of the patient undergoing surgery should be done at least a day prior to surgery

THANKYOU